

ROUTING AND TRANSMITTAL SLIP		Date
		27 August 1981
TO: (Name, office symbol, room number, building, Agency/Post)	Initials	Date
1. Chief, RCD, 1105 Ames Bldg.		
2.		
3.		
4.		
5.		
Action	File	Note and Return
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As Requested	For Correction	Prepare Reply
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Coordination	Justify	

REMARKS Ref: DD/A 81-0004/10

Please process for publication as a Headquarters Notice the attached policy statement on malpractice protection for Agency medical personnel.

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
Acting EO/DDA	Phone No.

5041-102

OPTIONAL FORM 41 (Rev. 7-76)  
Prescribed by GSA  
FPMR (41 CFR) 101-11.206

☆ GPO : 1980 O - 311-156 (17)

Distribution:

0 - C/RCD w/policy statement  
① - DDA Subject w/o statement  
EO/DDA/ba(27Aug91)

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ER

After discussion with OMS and OGC, we are persuaded that this statement, while not extending malpractice protection to the degree envisioned by our medical consultant, reflects the best balance possible within the law for both individual Agency doctors and the Government. The DDA and we also want to permit Agency payment for malpractice insurance for those Regional Medical Officers assigned to remote areas such as [redacted] and the like where independent judgments and actions are often required. This statement seems flexible enough to allow for that.

[redacted]  
Charles A. Briggs  
Inspector General

Date 25 August 1981

FORM 101 USE PREVIOUS  
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